Effective October 1, 2003 10764986													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS			23						RATE	FEE		RATE	FEE
FOR			NUMBER FILED		BMUM	NUMBER EXTRA			BASIC FE	F 385.00	OA	BASIC FE	770.00
TOTAL CHARGEABLE CLAIMS			3\ minus 20= •		•				X5 9=	99.0	OR	XS18=	
INDEPENDENT CLÁIMS			4 minus 3 =		•				X43=	43.0	r) OR	X86=	
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT			[3		+145=	1	OR		
• 11	* If the difference in column 1 is less than zero, enter "O" in column 2									527.0	DR	TOTAL	
	/ / CLAIMS AS AMENDED - PART II											OTHER	
نے	<u> 3129104</u>	(Column 1)	,	າກ 2)				SMALL	ENTITY	SOR .	SMALL		
AMENDMENT A	, ,	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRES			RATE	ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE
P P	Total .	. 31	Minus	-31		. •	9	ſ	x\$ 9=		OR	X\$18=	
	Independent	. 4	Minus	4		• 6	2	Γ	X43= X		OR	X86=	
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		ليا	ſ	+145		OR	+290≖	
								L	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	
4	-9-07	(Column 1)	4.	(Colum	n 2)	(Colu	mn 3)	^	DUIT. FEE	·	,	ADUII. PEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHEST NUMBER: PREVIOUSL PAID FOR		PRESENT EXTRA		F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.21	Minus	-31				1	X\$ 9=		OR	X\$18=	
	Independent	• 3	Minus			-		f	X43= .	V	OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		لــــا	r	+145=	\bigwedge	OR	+290=	
										1.	OR ,	TOTAL	·
		(Column 1)		(Columi	n 2) (Colun	nn 3)	•	ODIT. FEE I	. /	,		
MEN	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ISLY	PRESI EXTI			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**					X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***					X43=		OR	X86*	
긔	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								145=		OR	+290=	•
• If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.													
	the "Highest Nur	nber Proviously Paid ber Proviously Paid	d For IN THIS	SPACE IS I	ess than	3. ente	· ~3.*		DIT. FEE L in the app		• . ^	DDIT. FEEL MA 1.	
							•		· .	· · ·	·	DTMENT CE	~~~

Application or Docket Numbe: